

health insurance if the Congress does not act to reauthorize the SCHIP program by September 30, 2007.

Today, the House will vote on the CHAMP Act, H.R. 3162, which will reauthorize and expand the SCHIP program to ensure even more children have access to the health care their parents cannot afford or who work in jobs that do not provide health care benefits. The CHAMP Act will provide 11 million children with health care, by expanding SCHIP to include an additional 5 million children who currently have no health insurance.

The CHAMP Act also provides the tools needed and creates incentives for States to reach the millions of children who are eligible but not currently enrolled in the SCHIP program. The bill ensures that children have 12 months of continuous eligibility, so their parents do not frequently have to complete a complex renewal process. Additionally, dental coverage and parity for mental health will also be provided to children under the CHAMP Act.

According to the Henry J. Kaiser Family Foundation, more than 44 million Americans lack health care coverage, including more than 14 percent of New Jersey's residents. Many of these Americans are children. It is simply unconscionable that in our country millions of children are uninsured.

The SCHIP program is strongly supported by our Nation's governors who have managed the State-run programs over the past decade and understand that SCHIP allows States to cover low-income children who lack health insurance in families of the working poor.

New Jersey uses its SCHIP funds to run a program called FamilyCare. Our State is a leader in extending FamilyCare eligibility and currently 125,000 children as well as 85,000 low income-parents are enrolled in New Jersey's program. Without SCHIP all of these residents of New Jersey would again be uninsured.

The CHAMP Act will allow States, like New Jersey, to continue set income eligibility for the SCHIP program. Because the cost of living is so high in New Jersey, it is important that our State has the flexibility needed to establish realistic eligibility guidelines.

Additionally, the CHAMP Act will allow New Jersey to continue to enroll parents along with their children. According to research by the Institute of Medicine of the National Academies of Sciences, one highly effective way of boosting coverage among low-income children is to broaden health insurance to their parents. Currently, New Jersey is one of nine States that covers low-income parents.

Because the new Democratic majority is committed to balanced budgets and opposed to deficit spending, this bill pays for this historic commitment to our Nation's children with an appropriate increase in the Federal tobacco tax and reductions to the overpayments that have been paid to the privately run Medicare Advantage plans. Contrary to their euphemistic name, these plans have not been so advantageous for our Nation's seniors.

According to the Campaign for Tobacco-free Kids, the 45 cent-per-pack increase in the tobacco tax that is included in the CHAMP Act will result in 1,381,000 less children who will become smokers. This will improve their health and result in long-term healthcare savings of \$32.4 billion, 669,000 fewer smoking related deaths and 171,800 fewer newborn children harmed by smoking over the next 5 years.

Further, by reducing overpayments to the privately run Medicare Advantage plans, the CHAMP Act increases Medicare's solvency, and helps protect Medicare beneficiaries from higher premiums.

For our Nation's seniors the CHAMP Act makes much needed improvements to Medicare. I am pleased the CHAMP Act contains a provision I wrote when I introduced the Helping Fill the Medicare Rx Gap Act, H.R. 2058, to include costs incurred by AIDS Drug Assistance Programs, ADAPs, in calculating a Medicare Part D beneficiary's true out-of-pocket, Troop, costs. Medicare Part D pays 75 percent of a beneficiary's drug costs until their expenses reach \$2,400. Part D then stops paying and individual beneficiaries must pay for all of their drugs until total expenses reach \$5,451. This leaves a coverage gap of \$3,051—the "donut hole." "True out-of-pocket" costs, Troop in the donut hole determine when a beneficiary becomes eligible for catastrophic coverage.

Individuals suffering from HIV and AIDS need help. By including ADAP costs in calculating out-of-pocket expenses, we make them eligible sooner for help with their prescription drugs and we fix a loophole in Medicare Part D that discriminates against HIV and AIDS victims.

Additionally, under this bill the Medicare Part D late enrollment penalty for beneficiaries eligible for the Low-Income Subsidy program is eliminated and our Nation's seniors will be allowed to change their Part D plan during the year to meet their prescription needs. It also reduces the discriminatory copayments that Medicare charged for mental health services to the standard 20 percent copayment and adds additional mental health providers to Medicare so services are more easily available. Under this legislation, Medicare beneficiaries will have increased access to preventive services. The CHAMP Act also ensures that seniors have access to world class doctors by blocking a devastating cut in Medicare physician payments over the next 2 years.

The CHAMP Act is supported by the AARP, the American Medical Association, the Catholic Health Association, the National Rural Health Association, the American Hospital Association, the American Nurses Association, Families USA, the National Partnership for Women and Families, Children's Defense Fund, Child Welfare League of America, and the National Committee to Preserve Social Security and Medicare. All of these organizations understand that the CHAMP Act will ensure more American children have health insurance and that Medicare remains strong for decades to come.

There are 11 million reasons to vote for this bill, each one a child who will move out of the ranks of the uninsured with the health care provided in the CHAMP Act. Medicare beneficiaries will also see important improvements to their benefits. A measure of a Nation's greatness is how it treats its most vulnerable citizens. By making health insurance available for 11 million children, we live up to our moral obligation to keep children healthy and we make our society stronger. The CHAMP Act is historic legislation and I implore the President to drop his objections to this bill and join us in ensuring more Americans are healthy.

ON THE RETIREMENT OF DR. RON DEHAVEN, ADMINISTRATOR, USDA ANIMAL AND PLANT HEALTH INSPECTION SERVICE

HON. BOB GOODLATTE

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Mr. GOODLATTE. Madam Speaker, as Administrator of the Animal and Plant Health Inspection Service, APHIS, and throughout his career, Dr. W. Ron DeHaven has worked tirelessly to protect animal and plant health in the United States and advance the veterinary medical profession.

His accomplishments are numerous. In 2002–2003, Dr. DeHaven led a campaign to successfully contain and eradicate an outbreak of exotic Newcastle disease in the southwest in one-third the time and half the cost of the response to the prior outbreak in 1971.

He was the public face of the Nation's response to BSE—first with the Canadian detection in May 2003, and then the U.S. discovery of the disease later that year. Dr. DeHaven led the U.S. efforts to address domestic and international concerns as he headed the epidemiological investigation, and he appeared on television almost daily. His steady leadership and forthright communication during the crisis ensured that the public was constantly kept informed, and, as a result, consumer confidence in U.S. beef did not waiver.

Dr. DeHaven was at the helm in 2004 when USDA successfully controlled an outbreak of highly pathogenic avian influenza in Texas. This set the stage for his work with international animal health officials to address the currently circulating strain of Asian H5NI highly pathogenic avian influenza. He has spread the important message that we need to respond to this potential human health threat while the virus remains primarily a disease of poultry. Dr. DeHaven has also been a strong advocate for increasing veterinary infrastructure in developing nations to prevent the emergence of zoonotics—diseases that can pass from animals to humans—that increasingly jeopardize public health.

Dr. DeHaven has forged improved relationships between veterinary professionals, the agricultural community, and wildlife biologists to address diseases that affect both wildlife and livestock. One tangible product of this cooperation is the ongoing surveillance of wild birds for H5NI highly pathogenic avian influenza that is being conducted by a combination of wildlife and veterinary professionals.

In other important areas, under Dr. DeHaven's leadership as Administrator over the past 3 years, APHIS has strengthened its regulation of agricultural products derived from biotechnology to ensure that they are safe for release into the environment. The strong, science-based regulatory system forged under Dr. DeHaven's management is helping to ensure that U.S. producers and trading partners are confident in the safety of these products.

Dr. DeHaven is also reknowned for his commitment to animal welfare. He served as Deputy Administrator of APHIS's Animal Care program for 5 years, ensuring that millions of animals regulated under the Animal Welfare Act are provided adequate care under the law. Dr. DeHaven also implemented an innovative risk-